

## **TITLE II OF THE AMERICANS WITH DISABILITIES ACT**

### **COMPLAINT PROCESS NOTICE**

#### **NOTICE REQUIREMENTS**

Title II of the ADA protects qualified individuals with disabilities from discrimination on the basis of disability in the services, programs, or activities of state government. All Title II governmental agencies or entities are required to post notice informing the public of its ADA responsibilities. "A public entity shall make available to applicants, participants, beneficiaries, and other interested persons information regarding the provisions of this part and its applicability to the services, programs, or activities of the public entity, and make such information available to them in such manner as the head of the entity finds necessary to apprise such persons of the protections against discrimination assured them by the Act and this part" *28 CFR Section 35.106*.

28 CFR Section 35.106 requires a public entity to disseminate sufficient information to applicants, participants, beneficiaries, and other interested persons to inform them of the rights and protections afforded by the ADA and this regulation. Methods of providing this information include, for example, the publication of information in handbooks, manuals, and pamphlets that are distributed to the public to describe a public entity's programs and activities; the display of informative posters in service centers and other public places; or the broadcast of information by television or radio.

#### **COMPLAINT PROCESS REQUIREMENTS**

In compliance with the ADA, State of Michigan departments and agencies have designated ADA Coordinators. The ADA Coordinator shall investigate any complaint received by the department/agency alleging its noncompliance with Title II of the ADA. The Department/Agency shall make available to all interested individuals the name, office address, and telephone number of the employee or employees designated to receive complaints. A public entity shall adopt and publish a complaint process providing for prompt and equitable resolution of complaints alleging any action that would be prohibited by Title II of the ADA.

**STATE OF MICHIGAN**  
**NOTICE OF COMPLIANCE**  
**WITH TITLE II OF THE**  
**AMERICANS WITH DISABILITIES ACT**

The Department of Community Health does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services or activities. This notice is provided as required by Title II of the Americans with Disabilities Act (ADA) of 1990.

Questions, concerns, complaints or requests for additional information regarding the ADA may be forwarded to the Department of Community Health designated ADA Coordinator.

Name: Kurt E. Krause  
Title: Interim ADA Coordinator  
Office Address: 201 Townsend, 7<sup>th</sup> Floor  
Lansing, Michigan 48913  
Phone Number: (517) 373-3500  
E-Mail: KrauseK2@michigan.gov  
Day / Hours available: Normal Business Hours

Individuals who need auxiliary aids for effective communication in programs and services of the Department of Community Health are invited to make their needs and preferences known to the ADA coordinator.

This Notice is available in an alternative format from the Department ADA coordinator.

## **TITLE II OF THE AMERICANS WITH DISABILITIES ACT**

### **COMPLAINT PROCEDURES**

#### **PROCEDURES**

The ADA Complaint procedure is designed to informally resolve conflicts with State agencies involving allegations of discrimination in access to state government programs, services, and benefits for persons with disabilities under Title II of the ADA.

Each state agency has delegated department/agency ADA Coordinators. Your first point of contact in this procedure is the ADA Coordinator in whose division or department you believe that non-compliance with Title II has occurred.

If you need assistance in filing or writing your complaint, the division or department ADA Coordinator or designee will, at your request, help you locate an impartial advocate or representative not associated with their agency. You must also specify any other reasonable accommodation you may require in order to effectively communicate your complaint. The complaint form must be filled out completely and filed with the division or department ADA Coordinator **within 90 calendar days** from the date of the alleged discriminatory action or practice.

Once you have completed the ADA Complaint Form on the next page, follow the steps listed after the complaint form for filing your complaint. It is important for you to keep copies of your original complaint, notifications you receive after meeting with the department/agency, as well as any other correspondence or other documentation that is related to your complaint, and bring those copies to all meetings, reviews, and appeals related to your complaint.

# STEPS FOR FILING YOUR TITLE II ADA COMPLAINT

## Step 1: Fill Out and Deliver Your Complaint

Hand deliver or mail your complaint to the Department ADA Coordinator of the state agency where you believe the discrimination occurred. If you need a reasonable accommodation, such as an interpreter or an alternative format, list this on your complaint form so the Department ADA Coordinator will be able to effectively communicate with you at your meeting.

## Step 2: Meet with the Department ADA Coordinator

- a) **Within 10 business days** of having received the complete complaint, the department ADA coordinator will contact you.
- b) **Within 5 business days** of this meeting, a copy of your complaint, and a brief report of the outcome of your meeting, will be forwarded to the State ADA Coordinator so that office is aware a complaint has been filed.

## Step 3: Resolution of Your Complaint

- a) If a **satisfactory resolution** is reached, a written agreement will be jointly developed and signed by you, the department ADA Coordinator and the director of the department/agency where the complaint was filed. The agreement of resolution will be issued to you within **10 business days**. The written agreement will include:
  - 1) A description of the complaint
  - 2) A finding of facts
  - 3) A description of how the complaint will be resolved
  - 4) When the complaint will be resolved
  - 5) An assurance that the department/agency will comply with the specific terms of the agreement
- b) If the department/agency is **unable to resolve** the complaint with you, you will be notified of this non-resolution **within 10 business days**. The notification will include:
  - 1) A description of the complaint
  - 2) A summary of any resolution proposed
  - 3) A statement addressing the issues that were not resolved at the meeting.

#### **Step 4: Request for Review by the Michigan Department of Civil Rights**

If a satisfactory resolution is not reached through the department/agency, you may request a review of your complaint by the Michigan Department of Civil Rights. Your request for review should be made **within 10 business days** after you receive your notification of non-resolution. *The Michigan Department of Civil Rights requests that you include a copy of your original complaint, **and** documentation from Step 3 (b).*

Your request for review must be filed on the attached form.

## REQUEST FOR REVIEW OF DEPARTMENT ADA COMPLAINT DECISION

Name:

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Mailing Address:

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Telephone (work)

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(msg.)

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State Department/Agency complaint is with:

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Detailed Statement of the Reason(s) for Your Request for Review of  
the Decision Regarding Your Complaint:

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***NOTE: The Michigan Department of Civil Rights requests that you include a copy of your original complaint, as well as documentation of the results of your meetings with the department/agency coordinator.***

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Your Signature or Signature of Your Representative